



# 2010 VOLUNTEEN APPLICATION

1100 Trevilian Way • Louisville, KY 40213 • (502) 238-5350

ZOO MEMBER? (Please Circle) Yes / No if yes, Member # \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade (circle one) 7 8 9 10 11 12

School \_\_\_\_\_

Skills, Special Interests \_\_\_\_\_

In Case of Emergency, Please Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How did you hear about our Volunteen Program?

Why are you interested in doing volunteer work?

Are you interested in an Animal Care or Veterinary career? (please circle) Yes / No  
If not, what is your ambition:

Do you have any special needs? (please circle) Yes / No  
If so, please list so we may assist you:

What will be your means of transportaiton to and from the Zoo? \_\_\_\_\_

Do you live with your parent(s)? Yes / No      Other \_\_\_\_\_

How many sisters do you have?      Older \_\_\_\_\_ Younger \_\_\_\_\_

How many brothers do you have?      Older \_\_\_\_\_ Younger \_\_\_\_\_

What accomplishments are you most proud of? \_\_\_\_\_

What is your favorite subject? \_\_\_\_\_

What is your least favorite subject? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What things are most important to you? \_\_\_\_\_

\*\*\*\*\*

I understand that:

a. The information that I have provided may be verified, if necessary, by contacting persons or organizations in this application, or by contacting any person or organization that may have information concerning me with the exception of sealed records or information retained by juvenile court. I hereby release and agree to hold harmelss from liability any person or organization that provides information. I also agree to hold harmless the Louisville Zoo, employees, and volunteer thereof.

b. In signing this application, I have read the attached information and apply for registration with the Louisville Zoological Garden. I agree to be guided by the rules and regualtions of the Louisville Zoological Garden. I affirm that the information I have given on this form is true and correct.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE NOTE: AN UPDATED TB TEST IS REQUIRED BEFORE VOLUNTEERING**